

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

FORM NO.

FORM DATE

APPLICANT(S)

CLAIMS

	AS PREC		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	1						51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
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12							62						
13							63						
14							64						
15							65						
16							66						
17	1						67						
18							68						
19							69						
20							70						
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22							72						
23							73						
24							74						
25	1						75						
26							76						
27							77						
28	1						78						
29							79						
30							80						
31							81						
32							82						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3						TOTAL IND.						

20
33